

The Fortnightly **REVIEW** *of*

THE CHICAGO DENTAL SOCIETY

February 1, 1949

Volume 17 • Number 3

Midwinter Meeting Gets Back to Prewar Level

Evening Program Offers Variety of Entertainment

The 1949 Midwinter Meeting is just around the corner and last minute preparations have rounded out a full program. All is in readiness for the hundreds of visitors who will make their annual pilgrimage to the Stevens Hotel. For those seeking knowledge of what lies ahead, the Midwinter Meeting will present at the First General Session, Mr. Henry J. Taylor, noted radio commentator and a man who speaks the dentists' language. For those seeking entertainment, the Midwinter Meeting will present a dinner-dance for the first time since the war. This latter event should please the ladies who may have had reason to feel neglected during the past few years.

FIRST GENERAL SESSION

In keeping with its policy of having the best speaker available for the First General Session (Senator Karl Mundt was here last year) the Program Committee has secured Henry J. Taylor, commentator, author and journalist. Those who have listened to his broadcasts realize full well that he wears no man's collar and speaks his mind freely. Mr. Taylor was a war correspondent for the North American Newspaper Alliance and subsequently for the Scripps-Howard newspaper syndicate during World War II on assignment to the theatres of war. His assignments took him to England, Swe-

den, Norway, Finland, Germany, Spain, Italy, Greece, Egypt, Palestine, Central and North Africa, India, China, and the Philippines. He has been a student of European affairs since his college days at the University of Virginia twenty-four years ago. He blossomed out as an author in 1939 when he wrote "It Must Be a Long War." Later he wrote successively, "Germany's Economy of Coercion," "Time Runs Out," "Men in Motion" and "Men and Power." He has a grasp of world affairs unexcelled by anyone and thus is well qualified to speak on the subject, "Looking Ahead at Home and Abroad."

ENTERTAINMENT

The revival of the dinner-dance means entertainment of high order and dancing to a "big name" band. The Social Committee has been scouting all the night spots in Chicago and has picked up some acts that will produce a thrill a minute. The Grand Ballroom of the Stevens is a big place and will accommodate everyone who buys a ticket, but that does not mean that everyone can get a table down front. Tables, seating ten persons, may be reserved in advance however and the rule, first come, first served, will prevail. Reservations must be accompanied by a check payable to the Chicago Dental Society, 30 North Michigan Avenue, Chicago 2, Illinois, for \$7.50 per person.

What Now?

By Frederick T. Barich



Q. What is the first thing you do for a full denture patient?

A. Hah! That's an easy one. I examine (prospect) the ridges in order to determine the exact amount of gold present. From this discovery I am able to accurately quote the fee.

Q. What is your procedure when an edentulous patient presents himself for consultation?

A. Before I even examine him I send him back to the exodontist to have all of those root tips removed.

Q. How do you get centric relation?

A. If I could give an accurate answer to that one, I wouldn't even have to build a better mouse-trap.

Q. What is centric occlusion?

A. This is the prosthodontist's will-o'-the-wisp.

Q. Do you believe in alveolectomy?

A. Did you ever try to make ham an' eggs without any ham?

Q. Do you permit the patient to select the teeth?

A. I not only let him select the teeth but also insist that he choose the color. This kinda puts him behind the eight ball when he starts complaining about the lousy plates.

Q. What do your patients say when the dentures are placed for the first time?

A. It's mostly illegible, but most of 'em say they feel like they have a mouthful of broken dishes.

Q. Who is responsible for the dentures?

A. What a silly question—Why, the guy who yanked the teeth, of course,—who else!

Q. What is eccentric occlusion?

A. Eccentric occlusion is everything except centric occlusion. Any part of eccentric occlusion may be mistaken for centric occlusion and usually is, so therefore it should be a part of eccentric occlusion,—but it isn't.

Q. Which is the best articulator?

A. Some claim that the barn door hinge is the best. My only objection to this one is the oiling which is always necessary. In my hands, however, 3 in 1 gives the best results.

Q. What do you do with the gagger?

A. The same thing you do,—it's a mess, isn't it?

Q. Which do you consider the best patients?

A. The edentulous ones.

Q. Can you get a good impression of the ridges with plaster of Paris?

A. This you can do for sure. You also get a good impression of the tonsils, uvula, chin, upper lip, nose, and sometimes the mustache and eyebrows if the patient is exceptionally cooperative.

Q. Have you ever tried suction cups?

A. Believe me, friend, I have tried everything.

Q. How do you like the mail order "Lolipop dentures?"

A. If they fit, how can you beat them?

Q. What is a face-bow?

A. A face-bow is a com . . . (seems to me I have heard this one before). Oh, yes, see Vol. 11, No. 3, 1946, Fortnightly Review.

Q. Why do artificial dentures click?

A. For a moment I thought you were serious. Well, when one analyzes it scientifically, he discovers that the dentures are placed in one of the greater sound producing mechanisms.

Q. How do you establish vertical dimension?

A. By the grace of God, the saints and most of the martyrs.

Q. Do you ever have to remake artificial dentures?

A. Sorry folks, time's up!

LETTERS

[Editor's note: As everyone knows, the Council on Legislation of the American Dental Association has gone all out for parity of administration for Army dental officers. A bill is now in preparation which will be almost identical with the bill passed by Congress during World War II providing for administrative reorganization of the Navy Dental Corps. The Council has reiterated its opposition to acceptance of Army offers to effect the changes by new regulations. It feels that there can be no compromise and that the Army Dental Corps must be given full authority to handle dental installations directly under the Army Surgeon General. The following correspondence is self-explanatory.]

November 30, 1948

DEPARTMENT OF THE ARMY
Office of the Surgeon General
Washington 25, D. C.

Secretary
Chicago Dental Society
30 North Michigan Avenue
Chicago, Illinois

Dear Sir:

The military expansion program has caused an acute shortage of professional manpower in the Armed Forces. The efforts of many of the State and District Dental Associations to aid in meeting the present shortage of military dental personnel is very gratifying.

It is to our mutual interest to solve the problem by voluntary means. To this end, I should like to keep you informed on the subject of a newly-launched Community Relations program for the Army Medical Department. This program will function through more than 600 Military Manpower Committees throughout the nation.

Each of these important committees will include a Professional Sub-committee. It will be highly desirable to have, as dental representative on this sub-committee, a nominee of your society. A copy of the program and "How To Do It" suggestions, as distributed to Recruiting Station Commanders, is inclosed for your information and guidance.

As you probably know, the American Dental Association recognizes the shortage and need for dentists in the Armed Services. The very function of the Military Manpower Committees stresses the value of voluntary service over service by selection. We subscribe to that thinking and the Professional Sub-committees will be aiding in maintaining that viewpoint by their activities in their localities.

When local civic leaders serving on Military Manpower Committees request your support, I sincerely hope that you and your society will give this project your warm-hearted support.

Sincerely yours,

THOMAS L. SMITH
Major General
Chief, Dental Services
Army Medical Department

January 6, 1949

Major General Thomas L. Smith
Chief, Dental Services
Army Medical Department
Washington 25, D. C.

Dear General Smith:

Your letter of November 30 requesting that the Chicago Dental Society cooperate with the newly launched Community Relations Program of the Army Medical Department and appoint a representative of our Society on the Professional Sub-Committee has been referred to our Special Federal Government Dental Corps

(Continued on page 27)

NEWS AND ANNOUNCEMENTS

CINCINNATI CLINIC MEETING

The Cincinnati Dental Society announces its March Clinic Meeting and Children's Dental Health Day at the Netherland Plaza Hotel on March 20, 21 and 22. Members of the Chicago Dental Society are cordially invited to attend.

CHICAGO HEART ASSOCIATION

Dr. Robert I. Humphrey, past president of the Chicago Dental Society, has been appointed Chairman of the solicitation among dentists of the Chicago area for the forthcoming fund campaign of the Chicago Heart Association. The Campaign will run from February 7 to 28 and has a goal of one million dollars. This is the first full scale attack upon heart disease in medical history and the money that is raised will be used to finance cardiac research in Chicago medical schools and other institutions. More than 600,000 persons die of heart disease each year mainly because the ailment is not thoroughly understood. Dentists should be particularly alert to this issue and give generously when approached for heart disease is the 'Number One Killer' among them.

HEALTHY AMERICA

Dr. Louis I. Dublin, statistician of the Metropolitan Life Insurance Company, states that the American people never were more healthy than in the year just past and predicts an even better record for 1949. The mortality rates fell at every age period. Tuberculosis registered only 30 deaths per 100,000, a reduction of almost 40 per cent in the last ten years. The death rate from pneumonia was

about 10 per cent under the previous low. The death rate from all causes was only 10 per 1,000 population. A considerable part of this progress was credited to the wider use of new drugs.

ALPHA OMEGA DINNER

The Illinois Alumni Chapter of Alpha Omega Dental Fraternity will hold its annual midwinter dinner, Sunday, February 6, 1949, in the Florentine Room of the Congress Hotel. The chapter will be honored by the presence of its national president, Dr. Philip Lowenstein, and its national president-elect, Dr. Leon A. Katzin.

A reception will be held at 6:30 p.m. and dinner will be served at 7:30 p.m. An excellent program of entertainment has been promised following the dinner.

Write or telephone Dr. Ira S. Gold, 3742 Irving Park Boulevard, Chicago 18, Juniper 8-8737, for reservations.

ILLINOIS DENTAL ALUMNI LUNCHEON

The annual luncheon of the Dental Alumni Association of the University of Illinois will be held on Wednesday, February 9, in the South Ballroom of the Stevens Hotel during the Midwinter Meeting of the Chicago Dental Society.

Reservations for luncheon should be made with Miss Anne Toomey in the Department of Operative Dentistry at the University. Telephone MOnroe 6-3900, Extension 489.

Dr. A. J. Sells has announced that the Dental Alumni Association will make its headquarters in Room 556-A of the Stevens Hotel. This room will be open each day until 6 p.m. from February 7 to 9.

C.C.D.S. CLASS OF 1919 TO MEET

Chicago College of Dental Surgery, Dental School of Loyola University, Class of 1919, will celebrate its thirtieth anniversary with a Cocktail Party to be held in the Francis I Room of the Congress Hotel on Tuesday, February 8, 1949, between 4:00 and 7:00 p.m. The ladies are cordially invited and urged to attend.

UNIVERSITY OF ILLINOIS POSTGRADUATE COURSES

An evening postgraduate course of six lectures on the temporomandibular articulation will be offered by the University of Illinois College of Dentistry beginning Wednesday, March 23.

Dr. Bernard G. Sarnat, head of the department of oral and maxillofacial surgery, will be in charge of the course entitled "Oral Surgery II—The Temporomandibular Articulation." It will be offered over a period of six successive Wednesdays from 7:30 to 9:30 p.m.

The subject matter will include anatomical, physiological, and pathological considerations of the temporomandibular articulation as well as problems in surgical and non-surgical treatment of these conditions. The final session will be devoted to a round table discussion.

This course will be of value to dentists in general practice as well as to oral and maxillofacial surgeons, orthodontists, and prosthodontists.

The faculty will be composed of: Harry Sicher, M.D., Professor of Anatomy and Histology, Loyola University Dental School, Chicago; Joseph P. Weinmann, M.D., Associate Professor of Histology, University of Illinois College of Dentistry; Arnold A. Zimmermann, M.D., Professor of Anatomy, University of Illinois College of Medicine; Francis L. Lederer, M.D., Professor and Head of the Department of Otolaryngology, University of Illinois College of Medicine; Allan G. Brodie, D.D.S., Ph.D., Professor and Head of the Department

of Orthodontia, University of Illinois College of Dentistry; John Thompson, D.D.S., M.S., Professor and Head of the Department of Orthodontia, Northwestern University Dental School; James Barrett Brown, M.D., Associate Professor of Clinical Surgery, Washington University School of Medicine, St. Louis; James B. Costen, M.D., Associate Professor of Clinical Otolaryngology, Washington University School of Medicine, St. Louis; Bernard G. Sarnat, M.D., D.D.S., Professor and Head of the Department of Oral and Maxillofacial Surgery, University of Illinois College of Dentistry.

Further information may be secured by writing to Dr. Bernard G. Sarnat, University of Illinois College of Dentistry, 808 S. Wood Street, Chicago 12, Illinois.

ARMY ANNOUNCES DENTAL INTERN PROGRAM

Fifty dental internships, beginning August 1, 1949, and terminating July 31, 1950 will be provided in Army Teaching General Hospitals, it was announced recently by Major General Thomas L. Smith, Chief of the Army Dental Corps. Letters announcing the program, containing a detailed information sheet have been sent to the Deans of dental schools.

The internships are of the rotating type, including instruction in oral diagnosis, operative dentistry, oral surgery, prosthetics and periodontia.

Applications for this program are invited from citizens of the United States who (1) are completing their senior year of dental training; (2) are less than 31 years of age on August 1 of the year application is made; (3) have no agreement to accept an internship elsewhere; (4) are physically qualified for the Regular Army.

Dental interns will be appointed first lieutenants in the Dental Corps Reserve and will receive the pay and allowances of that grade during internship. Pay and allowances on active duty, reserve, during

period of internship are as follows: Initial Clothing Allowance, \$250; Base Pay, \$2,400; Professional Pay, \$1,200; Subsistence and Rental Allowance, Single, \$972, Married, \$1,404; Total Annual Pay, Single, \$4,572; Married, \$5,004.

The Reserve Commission will remain in effect for a period of five years including the internship unless a resignation from this status is accepted by the Department of the Army.

Application blanks with complete instructions for applying will be sent to the dental schools shortly. General Smith stated that applications for the Dental Intern Program would be accepted in the Surgeon General's Office, between February 1 and March 1, 1949.

GEORGE F. HARDING MUSEUM

The George F. Harding Museum, 4853 Lake Park Avenue, on the southeast side of Chicago contains a collection of medieval armor, weapons, musical instruments, medieval and contemporary art and Renaissance furniture that is unsurpassed anywhere. The objects are all authentic pieces and illustrate historical developments in their fields.

The Museum is open to the public on Sunday and Wednesday afternoons from 2:00 until 5:00 o'clock and there is no admission charge. Visitors to the Midwinter Meeting might well spend an afternoon in these pleasant surroundings.

TESTIMONIAL DINNER TO BE GIVEN DR. HARTLEY

Dr. Harry Hartley will be honored at a dinner given in recognition of his service to the Chicago Dental Society and to organized dentistry. The dinner will be held at the Bismarck Hotel on February 22, at 6:30 p.m. Harry has just completed nine years of consecutive service on the Board and deserves our appreciation. Tickets may be had by calling Leo Kremer at FRanklin 2-1295 or Elmer

Ebert at SOuth Chicago 8-1823, or from members of the committee in each branch.

DR. CHARLES L. SARSOUN 1906-1949

Dr. Charles L. Sarsoun, a member of the West Suburban Branch of the Chicago Dental Society, passed away on January 1, 1949. He was born in Czechoslovakia and came to the United States when he was four years old.

Dr. Sarsoun was graduated from the University of Illinois College of Dentistry in 1932 and practiced in Chicago until he joined the Army Dental Corps at the outbreak of World War II. He held the rank of Major at the time of his discharge in 1946. Since his discharge he practiced in Maywood. He was a member of the Maywood American Legion and the Maywood Lions Club. He is survived by his widow, Dorothy; his father, Lorenz; two sisters and a brother.

DR. HARRY C. ROME 1885-1948

Dr. Harry C. Rome, a member of the Northwest Side Branch of the Chicago Dental Society, died December 28, 1948. He practiced at 1200 North Ashland Avenue.

Dr. Rome was a graduate of the Chicago College of Dental Surgery, Class of 1914. He is survived by his widow, Elizabeth, and two daughters.

DR. KUNJ LALL 1887-1948

Dr. Kunj Lall, a member of the Kenwood-Hyde Park Branch of the Chicago Dental Society, passed away on December 23, 1948. He practiced at 3104 South Michigan Avenue.

Dr. Lall was graduated from the Chicago College of Dental Surgery in 1916. He is survived by his widow, Mattie, and a son, Raymond.

Social Security Dentistry in a Program of National Compulsion*

By Marjorie Shearon, Ph.D., Research Analyst and Editor of American Medicine and the Political Scene, Washington, D. C.

[Editor's Note: Because of the length of Dr. Shearon's paper, it will be published in two installments.]

Mr. Chairman, members of the Chicago Dental Society, ladies and gentlemen: I am glad to see there are so many brave souls who have come out in Christmas week to listen to a topic that ordinarily wouldn't be considered very interesting. However, it should be of the utmost interest to every professional person in this country, and to every other citizen as well. What I am going to speak about is "Dentists in a System of National Compulsory Social Security." The President and the 81st Congress, beyond a doubt, will move quickly to enact a series of extraordinary federal laws. Whatever else the President would advocate, we know that he is committed to the support of federal aid to education, a vast federal housing program, and broad extension of the Social Security Act. It is the latter legislative proposals in which you are vitally interested.

As all of you know, the Social Security Act was passed in 1935. The major programs which were then set in motion were the Old Age Insurance system, Unemployment Compensation, the several assistance or public charity programs, including aid to dependent children, aid to the blind, aid to the aged, and also maternal and child health services. Those were all included in the original Social Security Act. By and large there was not much objection to these programs or to the initial taxes. Old Age Insurance was particularly appealing for many old people had been in great distress during the depression of the '30's. Few people understand the Social Security Program; its history and its objectives are but dimly known. Few see it in its entirety or com-

prehend its long range effects on every person in the United States. There is a strong tendency on the part of physicians, dentists and hospital administrators to study legislative proposals such as the amendments to the Social Security Act with an eye to small details. There is much quibbling over phraseology or whether, for instance, dentists are to be treated on a par with physicians, or whether they are to have as many advisory councils and as much authority as is promised to physicians. Instead of wasting legal energy and dental time on such trivial matters, the dental profession should be asking itself whether it wishes to participate at all in a system of social security medicine and dentistry. It does not matter in the slightest about the detailed language of a social security bill for compulsory dentistry or compulsory medicine. It does not profit the dental or medical profession anything whatsoever to wrest a few concessions from the federal government in regard to the provisions of the initial legislative proposals for a national compulsory sickness insurance scheme, also called a national compulsory health insurance scheme, but it really relates more to sickness than to health.

You must remember that once the law is on the statute books, the movement for amendments will begin almost immediately. Within a few years there will probably be nothing left of the original law except the taxing provisions, the compulsory features and the authorization giving the Federal Security Administrator unlimited powers to write rules and regulations governing the daily lives and professional activities of physicians, dentists and other health personnel. The point I am making there is that you need not bother about the original provisions of any federal law, because as soon as a

*Read before the December Monthly Meeting of the Chicago Dental Society.

law has been enacted, you have a demand for amendments, and even at the present time, as probably most of you know, the original Social Security Act passed in 1935 is almost unrecognizable and there are only a few sentences that remain from the original law. The whole thing has been changed all over in 13 years.

That is the reason I say that the question to ask yourself is whether or not you wish to become government dentists, working under contract with the federal government, carrying on your professional careers in accordance with rules laid down in Washington. The principle at issue is the freedom of dentistry and the future of your profession. If I was speaking to a medical group, I would say that the issue at stake is the freedom of medicine, or to a group of nurses I would say the freedom of nurses, and if I was speaking to the general population, I would say that the question at issue is the freedom of the American people. I know there are some dentists who have no objection to working full time for the federal government. They like the steady salary, the security, the retirement annuity. They are, for the most part, men to whom security has meant a great deal. They tie their lives to the issue of security as though that were the most important thing in life. Some do not dare to try to make a living in a competitive market, or they tried and failed and then went into government service. Others, I know, sincerely believe that the only way to furnish dental service to the whole population is through a federal salaried service under the auspices of the U.S. Public Health Service. But I believe that I am correct in thinking that the majority of dentists believe in the private practice of dentistry. They believe that they can do a better job if they decide individually how many hours a day they can work effectively, how they should carry on their professional task. It is to this larger group of free dentists and freedom loving dentists that I shall address my remarks.

FEDERAL PROPOSALS

Let us see what the federal proposals are that you will be called upon to con-

sider when the 81st Congress convenes on January 3. President Truman has stated that he intends to press for enactment of a national compulsory health insurance law. Oscar Ewing, the Federal Security Administrator, has stated in the plainest possible language that he is going all out for such legislation. A new Wagner-Murray-Dingell bill, I understand, is ready for early introduction next year. To those of you who are not familiar with the term, Wagner-Murray-Dingell bill, I may say that it is one of a series of Wagner-Murray-Dingell bills we have had over a period of years—the bill providing for some form of national compulsory health legislation for the entire population—legislation comparable to that which has been in effect in Great Britain since 1911 and it has just gone over into entirely state medicine. Thus you will be forced within a very short time to come to some important policy decisions. Will you go along with the government proposals or will you fight them?

In preparing yourselves to answer these questions, you will wish to understand the ultimate goals of the government. These have been set forth in a number of printed documents so that you are not left any doubt about the plans. I might say that there are several documents—the most important ones have been published in Geneva by the International Labor Organization, which is the group that has laid down the principles which were followed in enacting our own Social Security Act in 1935. If any of you think that that Act was an American act, please disabuse your minds of such belief, because it came straight from Geneva. I won't go into the history of that now unless it comes out in discussion later on, I'll be very glad to give to you in a nutshell how we came to have a Social Security Act in this country. But at any rate, that Act is now an American act and was foisted on this country in a very adroit move in 1935. The other printed documents that would be helpful to you in understanding what is planned by our government are particularly a Senate print put out in 1946 called "Medical Care Insurance." I have copies of these

documents here with me and will be very glad to show them to you and tell you how you may get copies. And I should think that every one of you would like to have a copy. It tells you . . . what your federal government intends to do with the dental, medical, nursing and hospital professions, and it's all written up—just conveniently written up as was "Mein Kampf" by Hitler. The people didn't read Hitler's book until too late, so a lot of you probably won't read these documents that describe the plans of the federal government for nationalizing medicine, dentistry and hospitals.

COMPULSORY SOCIAL SECURITY

The President is sponsoring a national scheme of compulsory social security for the entire population. Every one who works for wages or for a salary or as an independent enterpriser, that is, physicians, dentists, lawyers, writers, small business men and others who are self employed, must come in under the provisions of the Social Security Tax Law according to President Truman's statement. In other words, the plan is to bring everybody in the population under the Social Security Act for the purposes of taxation. That would mean about 22 millions more than are now covered by the Act. The present tax of 1% on employers and employees is to be stepped up over a period of a few years until everyone will compulsorily pay at least 6% on wages and salaries. In other words, every employed person will pay 6% and every employer will pay 8.7% of the payroll, the extra 2.7% being the part the employer must pay for unemployment compensation. This will be paid on the first \$4,800 of income. At the present time the tax is on the first \$3,000, but Commissioner Altmeyer has said he would like to have some more money and would therefore recommend that the wage base be increased to \$4,800. This would affect, mind you, everybody in this room. It wouldn't be what the other fellow has to pay, it would be what you would have to pay. Self employed persons would be compelled to pay 7%. I'll tell you a little

more about that, but you can readily see that the person who does not have an employer, like a physician or a dentist or lawyer or any other independent person who isn't employed, would have to take the part of employer and employee. He would be his own employer and so he would have to pay the taxes that an employer would pay and he would also pay for himself as an employee of himself. I would like to make that point clear. It is a very important thing. If you are an independent and do not have an employer, and you come in under the Social Security Act, you will then be doubly taxed. Whatever employees normally pay, you as independent enterprisers will pay twice as much, and that would be on the first \$4,800.

Now during the next session of Congress it is planned to force into the Social Security system these 22 million persons who are now relatively free Americans. The primary reason for doing this is to obtain additional tax income from persons not now paying Social Security taxes. This has been freely admitted that the purpose for bringing in the persons not now covered is because they want to increase the tax base. It would be a particularly juicy plum for the federal government to be able to tax the incomes of professional persons earning over \$4,800, in other words, most professional incomes are pretty high—they would be over \$4,800—so that all professional persons would pay the full 7% on the full \$4,800. There would be, for instance, many workers in industry who would pay, say 6% on \$2,000 or \$3,000, where as a professional person, you would be hit the full force of the complete Social Security tax.

The tax yield thus obtained will not greatly benefit professional groups, but will instead be used to finance benefits for the rest of the population. If you have been reading the newspapers, you have probably seen the benefits that President Truman has promised to labor, namely, cash sickness benefits, cash benefits when permanently disabled, free medical care, larger old-age insurance, and so on. Somebody has to pay for these benefits and one of the methods of getting the

additional money, and getting it quickly, is to increase the tax base and bring in large groups that have not been paying taxes heretofore. It immediately produces a fund of considerable size. Thus dentists, physicians and lawyers, for instance, would be compelled to pay a higher Social Security tax than the average employed worker, but they would be entitled only to selected benefits. They would not, for instance, be eligible for cash benefits when unemployed or sick or permanently disabled, but the taxes they would pay would enable the government to give such benefits to wage and salary earners. Let me explain that. You can see for yourself that it would be very difficult for the government to determine when a dentist, for instance, or a physician was unemployed, or when he was too sick to work, so the government isn't even going to try to do that. In other words, they will pay more than the average wage or salary worker, but they will not be eligible to these same benefits as the wage or salary worker.

It should be very clear to you—you should understand exactly what you are in for. Physicians and dentists would be taxed for government medical care benefits which they now receive gratis from their colleagues. In other words, you would be taxed for this compulsory health insurance program, but if the dentists do the same as the medical profession, you normally I suppose would serve your fellow dentists gratis and therefore would hardly need the dental care, certainly, that the government would promise. The same way with physicians. They would be paying the extra tax, but it certainly wouldn't do them any good.

OLD AGE INSURANCE

About the only part of the Social Security program that might conceivably be of any interest to the dentist as a Social Security beneficiary is the Old Age insurance. At present those security annuities amount to about \$25 a month. In other words, you can get more by going on public charity than you can by having old age insurance under Social Security.

There is talk of doubling the present old age insurance benefits, of giving \$50 a month instead of \$25. President Truman is so recommending but there is also the caution that such an increase would ultimately bankrupt the country. So that the President is rather between the devil and the deep sea. He wants to promise and has promised larger old age benefits, but if he gives the old age benefits the country is likely to go bankrupt in view of the fact, as all of you know, that our population is aging very rapidly, and within a very few years we will have 22 million persons 65 and over, and you can multiply that out and see what it comes to at \$600 a year for the 22 million persons.

Your Social Security taxes before long would be \$336 per year, that is 7% on the \$4,800. You would be required also to pay about an equal amount in increased income taxes in order to pay for the benefits promised by President Truman under Social Security. In other words, the general proposition is that with the increased benefits that have been promised for the entire population, a Social Security tax on labor of 6%, an equal tax on employers, plus a 7% tax on the self employed, would produce in tax revenues about half the cost of the Social Security program, and the other half would have to come thru increased income taxes. That is something that nothing is said about and you are led to suppose that the Social Security system would be self-supporting. But it wouldn't be. It is this enormous deficit that is created by promising too large benefits and too many benefits to an entire population that bankrupts social security systems. It broke New Zealand in about 6 years from the time that the same kind of a law was enacted.

If you are now earning \$4,800 or more a year, you would probably within a decade be paying \$700 a year in increased taxes, that is, you as a dentist, you would be paying your increased Social Security taxes and your increased income taxes. In ten years you would be out of pocket between \$6,000 and \$7,000 and in 20 years your total social security outlay would be about \$13,000. Anyone in his

right senses would know that he could make better provision for his own security with such a capital investment than is promised by the government. No professional person can ever hope to receive social security benefits that would bear any reasonable relation to the heavy taxes he would have to pay for the benefit of other persons who would pay relatively little into the several social security funds. This has been admitted by the social security people. They simply say that they are bringing in these other groups in order to get the money to finance the benefits for those persons who will pay in relatively small taxes and will derive relatively larger benefits. I doubt very much if most dentists realize how heavily they would be taxed if they were brought into the social security system, and how little they would get out of it. I am dwelling on this one particular feature because I know that some groups of dentists have considered the possibility of wishing to be covered by the Social Security Act for the purpose of receiving old age insurance. It would be the most unwise thing you could possibly do. You would lose freedom for one thing, and for another thing you would get so little for your money that it wouldn't be worth while doing it. I don't know what you expect to do with \$25 a month when you are 65. That would help to buy your ticket to the old folk's home. The only reason the federal government is now urging the inclusion of professional persons in this system is that the lucrative taxes to be obtained from the professions would help to keep the social security system operating a little longer before going bankrupt.

COMPULSORY SICKNESS INSURANCE

The dental profession will have to decide not only whether it wishes to be drawn into the social security taxing program, but also whether it wishes to subscribe to a program of compulsory sickness insurance. By and large dentistry will be carried along with the medical profession. If medicine is captured by the government, dentistry will succumb be-

fore long. However, there are certain differences in what is likely to happen to the two professions. There is, for instance, an admitted shortage of dentists. Consequently, only limited dental services can be given under the social security program. Whereas the government will glibly promise complete medical care, it makes certain reservations in its promises regarding dental services. You may have noticed that. In other words, Senator Murray says: "We will give you complete medical care, including physician's care in the home, in the hospital, complete hospitalization, surgeon's care, specialist care, and so on." It is complete. But when it comes to dental services, the stock phrase is to say, "We will give such services as will be possible to give with the limited personnel."

As a matter of fact, dental services are not an insurable risk, and federal officials are talking nonsense when they speak of social security dentistry as part of an insurance scheme. It is impossible to set up an insurance for a given population for a specified risk if everyone in the population is going to call on the insurance system for benefits. In other words, you can see that a great many people will not need medical care, but everybody needs to see the dentist every year. A fire insurance company would quickly fail if every piece of property they insured burned to the ground and every policy holder filed a claim for full value of the policy. In other words, there is no such thing as a dental insurance scheme for the entire population. It is foolish to talk about it. The strain on an insurance system would be fantastic. Federal officials know this. They are simply not being forthright when they speak of social security dentistry as a part of the insurance system. What they actually contemplate is a capitation or salary system in which dentists working for the government under contract will deliver to all insured persons a certain number of specified services. And when I use the words "capitation" system, I am referring to a panel system such as they have had for over 35 years in Great Britain where they have had a compulsory insurance law

passed in 1911. Such a system briefly means that you go to some dentist, get your name on his list and then you take such services as the law permits, and the practitioner receives so much per head per year for every person on his list. That is the capitation or panel system, and it is such a system that is actually planned by the federal government. That is very clearly brought out in this book on medical care insurance which was published by the Senate Committee on Education and Labor in 1946.

The planners in the Federal Security Agency who are drafting the legislative proposals have suggested the dentists might, for instance, be required to give a certain number of minimum services and they have specified what those services are. It is all written up. I won't bother to tell you what the services are, I can give that to you individually afterwards, if you are interested. It must be perfectly apparent that, if a federal law were enacted that promised certain dental services to the entire population on a contractual basis in return for the payment of specified social security taxes and income taxes, then the services, whatever they were, would have to be uniform thruout the country. In other words, you tax the entire population and say we are going to give you certain services and you have got to give the same services to everybody in the U.S. This would create a real dilemma and would make conditions worse than they are now. As you know, there are presently not enough dentists in the United States. Take the total number of dentists, assuming that they can work 2,000 hours a year, multiply it out and you will find that there are only enough dentists to provide about one hour of dental service for each person in the United States each year. If the Federal Government intervened by enacting a law that compelled everyone to pay into the federal treasury the money he would normally pay to his dentist, if every person were compelled to accept such dental services as the federal government decided to provide, no additional dentists would be created. It would not create any additional hours of work

which would be available for dentists to give to patients. They would still have one hour only for every person in the U.S. per year.

DENTAL MANPOWER

As a matter of fact, the dental manpower would be greatly curtailed for three reasons which are usually not brought out. First of all, a large number of dentists would be required by the federal government to police the dental insurance system and to check on the work that is done by the dentists who had signed a contract with the government to provide services for the social security beneficiaries. These federal policemen would not be giving dental care. They would simply be checking and spying on the dentists who did give the actual services. This is realistic—I'm not imagining anything. We know perfectly how it has worked in other countries, and there are thirty countries who have such systems—they are countries that are used to a lot of policing and the Americans aren't. Secondly, the number of working hours available to each dentist working under a federal contract would be greatly curtailed because of the enormous amount of paper work each dentist would have to do. Anyone of you who has filled out a request for authorization to do work on veterans has some idea about government forms—seven copies please!

I really think it worth while to tell a little joke.

I was talking to a dentist out in St. Louis recently and he was telling me his troubles in having done some work for veterans and he said: "Well, you know, I started out and had a veteran who had a small hole on one side of the tooth so I filled out all the forms asking the Veterans Administration permission to fill that hole. I didn't hear anything for several months and by that time the veteran had come back wanting to know what was the matter. I looked at his tooth and the hole had traveled half way around the tooth, so I had to fill out another set of forms to ask permission to fill a larger cavity than I had asked for in the be-

ginning. I didn't hear anything from that for several months . . ." Well, I won't go on with the story, but you can see how it is going to end up. Finally, the man came in and that tooth was in such bad condition that it was ready for extraction. So that's the way it goes when you have to ask for an O.K. on every piece of work that you do if you continue to work on the present system of payment.

And then finally, the third reason why the present dental manpower thruout the country would be reduced is that a certain number of older dentists would retire prematurely in order to escape inclusion in the national compulsory scheme. In other words, they would simply say, "Well, I'm going to get out of this thing, the government isn't going to get me. I'm old enough to retire and I'm leaving." So therefore you see that the immediate effect of passing a compulsory so-called health insurance law would be to reduce the effective dental manpower in the country considerably.

For these three reasons, then, the country would be considerably worse off within a short period of time as the result of enactment of a law for compulsory social security dentistry. Thus with fewer dental man hours available in the immediate future, the dentists over the country would be compelled to give certain minimum services to all eligible beneficiaries under the Social Security Law, that is, the entire population, which is the coverage that is contemplated.

DENTAL SERVICE

I leave it to you to figure out what kind of a job you, as dentists, would do if you spread yourselves thin and submitted to high pressuring by federal officials and by patients. You can well imagine that, if patients did not pay their dentists for services, if they were told by the government that they had a right to such services, every dentist would be stampeded from morning to night. You can think of your patients coming into your office and saying, "Well, I don't have to pay anything for this, but I am entitled to it as a right, I want this, I want that, I want the other thing." Each person would

come in—you couldn't stop him if he had the authorization and the backing of the government; he would ask for services which you would give him or else! Such pressure would inevitably result in poorer service to patients because dentists would be compelled to resort to short-cuts. Time consuming procedures to save teeth would give way to quick extraction. Indeed the government would undoubtedly favor extractions as the procedure of choice because they would be cheaper than long drawn out treatments.

I need not go into details about ways in which the character and the quality of dental services would be affected if the government footed the bill and defined the services to be given. That is the reason we hear so much about lowering the quality of dental and medical care. Many practitioners, whether in medicine or in dentistry, would have a certain number of patients that they had to look after, the patients would come in freely, because they didn't have to pay at the time, they would not have to pay in connection with any individual services they received, they would pay through additional taxes, but they wouldn't be conscious of that at the time they had a toothache or the time they needed a physician. They would come in with their demands and the practitioner, finding a large number of patients with a large number of demands, would have to clip the corners. I think most of you who have read on this subject know that in the administration of dental programs that it is perfectly possible for the federal policemen to come in and question the procedure you have followed and to say you shouldn't have done it that way, that is too expensive, it's too great a drain on the federal funds. That is one of the curses of compulsory insurance, namely, that the important thing is the preservation of the several funds—tax funds—rather than the preservation of the patient.

Whether or not you realize it, the manner in which you are paid will finally affect the quality of what you do. The publicity that is going out is to the effect that there will be no particular change

in the present arrangement for the receipt of medical and dental care. You are told you will be able to choose your own practitioner, and that you will be paid just about as you are paid now. That is absolutely untrue, altho the legislative proposals contain three methods of payment, namely, by a fee for service as you are paid now, by salary, or by capitation or panel system. The method preferred by the government is either a capitation or a salary system. They say, quite rightly, that the fee for service basis is too expensive, the government cannot afford to pay on a fee for service if it is going to give care to the entire population. This is freely admitted and it is generally understood by social insurance experts. I therefore say you must cast out the fee for service basis.

Now as soon as you do that, you change the method of paying practitioners, you change the method of practice in very serious ways, whether it is in medicine or in dentistry. As soon as you put 1,000 or 1,250 or 1,500 persons on a practitioner's list and say to that practitioner: "You've got to provide for these people; you've got to provide the services that are covered by the law and you've got to do it at so much per head per year—\$5, or \$6 or \$7 per head per year—you will find that the practitioner is in the uncomfortable position of having to provide a large number of services for a large number of people—more work than he can do, and paid a rather small sum. For the temptation of the practitioner is to take on more people in order to make a living—when he takes on more people, he has to cut down the quality of the services. That is the thing that is not generally understood by the population at large and it is up to every dentist and physician to explain what you mean by the reduction in the quality of care that will be given.

In New Zealand they allow, for instance, 2,500 patients to a practitioner of medicine. In this country even during the war we said that there shouldn't be more than 1,500 patients to a physician. The federal government at the present time is planning to permit physicians to have 1,250 persons on their panel. In other

words, they will be required to care for 1,250 patients per year—have them on their panel. It is too many and it would mean a poor job. Yet the only way in which the physician or the dentist would be able to get enough of a living is to take the number that the government will allow and get so much per head per year. On the other hand, if you don't have a capitation system or panel system, you have a salaried service, or if the government forces that service upon you whether you agree to it or not, as present proposals indicate to be the intention of the government, then you would become a full time government employee and would obey your supervisor. You would content yourself with federal salary scales. You would have reasonable security. You would unquestionably lose your independence and the better men, those with initiative and above average ability, would unquestionably leave the federal service in time and go into other professions because they would be temperamentally unfit to carry on their work in a completely regimented system. I won't go into that, but the amount of regimentation inside the federal government is extreme, and a person has to be temperamentally fitted to accept regimentation if he is going to stay in the federal government. He does what his supervisor tells him to do, and in the case of a dentist or a physician, he would give the kind of care in the way in which the supervisor told him to give it.

It has many ramifications. I couldn't possibly give them to you in such a short time: the prescriptions you could give, the size and amounts of prescriptions and so on—all would be detailed as to what you could do. It just about drives you crazy. It has been pointed out repeatedly that national compulsory sickness insurance does not make more practitioners; it does not distribute them more equitably; and it does nothing to stimulate personal initiative. It does spread thinly services which become progressively poorer as time goes on. In other words, it is true that more people get something in the way of poorer services.

(To be concluded in the next issue)

NEWS OF THE BRANCHES

NORTH SUBURBAN

This is the season of the year when we take special interest and delight in hearing of winter vacations. As a matter of fact nothing makes us happier or brighter eyed than hearing of the winter travels of our more fortunate colleagues. It undoubtedly sounds remote to talk of the Rose Bowl but we've already promised the fellows who went out there that we would mention them. Their pleadings would soften the heart of a stouter person. Bill Murray, Zeke Smothers, Ed Robbins, and Howard Dunn made the trek and probably many others too numerous to mention. Murray had a terribly interesting adventure on the Twentieth Century lot. We have it on good authority that Betty Grable was trotted out to keep him entertained and when they parted, gave him a Hurrell Photo of herself with her most intimate orthodontical smile and signed "from Betty to Billy, with memories of a cherished friendship." We thought he was walking peculiarly till we found out his toes haven't uncurled yet. Robbie gets more thrills from his travels than Aly Khan. He was returning on the City of Los Angeles when it jumped the tracks, leaving his stomach still going for six miles, a fitting sequel to his blowout last summer at 75 m. p. h. As for Zeke, since his return he just goes around muttering "Rose Parade, Schmose Parade." . . . The following is our known list of itinerants to and from the early Winter Season at Florida: Miami and Key West: Don Palmer; Fort Lauderdale: Randy Westcott; and just Florida, N. K. Laird, Bob Kent, and Davies Lazear. . . . Under the heading of unusual vacations Bob Koch and his assistant travelled to Hawaii; Maury Virnig and Paul Bostian, just home. . . . Under the heading of hard to understand vacations, Kibler's one day flight to Wisconsin and Red Baum's *voluntary* two weeks at Great Lakes. . . .

We should like to note in passing, Vic Sleeter's move to new offices in Lake Bluff, and Boom Bomersheim's move to a new home just off the seventh green of the Skokie Golf Club. . . . Eddie Baumann says Santa Claus brought him a new Buick. . . . Now we'll go quietly.—See you in a Limited Attendance Clinic.—*Grant A. MacLean, Branch Correspondent.*

ENGLEWOOD

At the time of the writing of this little article I can't be sure whether the ground hog will see his shadow on February 2 or not, and what the resultant weather will be. However, I am sure of two things, one, up until today, January 14, Chicago certainly has had a mild winter. In fact I don't think we could do any better, if as good, in California or Arizona. The second is that February is upon us with our world famous dental meeting. It's something to be proud of, especially since Englewood men have always played important parts in it, and this year is no exception. It's the time when every dentist renews old friendships, and educates himself in the newer things in the profession. . . . News is rather hard to dig up at this writing. . . . Most of the gang seem to be sticking close to home and tending to their income tax business? We've heard of one, though, who is off to the Southland to enjoy a wonderful vacation. We quote from a card received by one of the boys from C. A. Sinard, "Mrs. Sinard and I highly recommend this hotel as the best in Miami Beach. A perfect winter vacation, wonderful weather, food, and service." It seems he has been hobnobbing with the celebrities down there. . . . M. S. Sorley is also in Florida. . . . Don Hattendorf has returned to the Navy. . . . S. Becker and wife were snowbound near Cheyenne for four days in the recent snowstorm. . . . There's one politician in our gang. It's

Hugh Feeney who attended the inauguration in Springfield. . . . The unofficial handball champ of Roseland is Emil Olivi. . . . Ed Scanlan is now sporting a new Pontiac. . . . We've received word that Joseph F. Ruzic of 63rd and Western is limiting his practice to extraction and oral surgery. . . . G. E. Johnson informs us that his wife, who has been quite ill, is recovering nicely and he expects her home soon. . . . Heartiest congratulations are in order for Francis O'Grady and his wife on the birth of a daughter, Nancy, on Jan. 3. . . . I hear R. N. Tanis will move into his new bungalow type office building soon. It is a real credit to the dental profession in Roseland. Congratulations, Bob. . . . Englewood extends its deepest sympathy to Gus Solfronk and Don Kellogg on the deaths of their mothers, and to Kenneth Kehl whose wife, Audrey, died recently. . . . Yours truly has been "elected" to the secretaryship of the Roseland Kiwanis Club for 1949. I hope I survive the year. . . . At our January meeting George Teuscher gave a fine talk before a packed house. . . . There will be no February meeting. In place we'll meet at the Midwinter Meeting of the Chicago Dental Society at the Stevens Hotel. . . . Send all news to E. C. Thomas, 2440 W. 69th St. or phone GRO. 6-6919.—*Robert J. Tharp, Assistant Branch Correspondent.*

NORTHWEST SIDE

We're starting out the New Year with a bang and were fortunate enough to receive quite a few cards and calls to aid us in welding together enough news to keep this column going. . . . Despite the lack of cold weather in Chicago, several of our members are spending time in Florida. Ted Serr reports that the fishing and golfing have been ideal in St. Petersburg where he spent a month. . . . Pompano Beach, Florida, was the spot chosen by Wally Davis to spend a few weeks. He reports that his new Hudson stood the trip very well. . . . E. N. Johnson also got away from Chicago's weather by going to St. Cloud, Florida, for a few weeks. The golf courses around Holly-

wood, Florida, will really get a workout with Gus Tilley spending ten weeks in that vicinity. . . . Ed Colln helped his Alma Mater by attending the Rose Bowl game at Pasadena, California, on New Year's Day. . . . La Mar Harris gave a clinic in Washington, D. C. on his way to New York. From there he flew to Puerto Rico where he also gave a clinic. . . . Another of our members, Bob Placek, spoke on "Inlay Slice Preparations" at the West Side Branch in January. . . . The members of the Northwest Branch extend their sincere sympathy to the family of Harry Rome who passed away in December. He was a long time member of our branch. . . . We also extend our condolences to R. J. Walczyk on the recent death of his mother, and to Sam Krongrade on the death of his wife, after a long illness. . . . Harry Jacobs braved the wintry weather of California to visit his brother. . . . Any of the branch members who are interested in spreading the gospel of dental education can have their wish fulfilled by volunteering to aid the dental program of the Deborah Boys Club. In addition to making the dental examinations, you will also be given the opportunity to lecture to the boys and their mothers on dental education. Dentists are needed on Tuesday and Thursday nights to aid the present group in their very worthwhile program. Among those who have recently volunteered to help are Mark Spencer, Stan Brzezinski, Jerry Gold and Gerson Gould. Anyone interested in devoting one or two nights a week to this program can contact Ed Friedrich or the secretary of the Branch. . . . Our dental health education program which was held at the January meeting should set some sort of precedent for the rest of the Chicago Dental Society. It was probably the first time that this type of dental program has been tried and the able efforts of our Program Chairman, Gerson Gould, and Ed Friedrich, Chairman of the Dental Health Education Committee, were well rewarded with an enthusiastic turnout of members and guests. The registered attendance was 163 which testifies to the interest shown in this particular subject.

It is our sincere hope that this meeting will be the beginning of a better understanding between the dental profession, the parents and teachers of our children. Those representatives of the Parent-Teachers Association who were present at the meeting were highly impressed with our efforts. Our thanks, also to Mrs. Winkler, Ed Friedrich's assistant and to Florence Harris, wife of La Mar, who helped at the registration desk at this meeting. . . . There will be no meeting in February because of the Midwinter Meeting of the Chicago Dental Society. Hope to see all of you there.—*Toby Weinshenker, Branch Correspondent.*

NORTH SIDE

FLASH! The hottest news of the season has one of the Northside's most eligible bachelors finally corralled. Marv (heart-breaker) Trieber officially announced his engagement to Florence Katz of Springfield, Illinois, with the nuptials planned for March. Congratulations, Marv! We understand many a tear will be shed by some of our local Northside maidens. . . . Paul Brown spent New Year's Day in Washington, D. C., but is now back trying to catch up on all the work at his new house. . . . The suntans being shown off by Ruby Kadens and Bob Margolis are really natural ones. Ruby has just returned from a month's sojourn in Sunny Florida while Bob visited his folks in Arizona over the holidays. Ruby probably has some good fish stories to tell about the big ones that got away. . . . Bill Grabow showed off his new home at 4035 Grove Street in Skokie just before Christmas and then took the holiday week off, probably to recover. Seriously, Bill invites all of you fellows to drop in anytime you are out Skokie way. The welcome mat will always be out. . . . The Uptown Dental Forum held a party on December 24 instead of its regular program. The affair was a tremendous success with an overflow crowd and gifts galore for all. The boys' arms were so loaded on leaving that it seemed like convention sampling during their dental school days. . . . Those fellows

strutting around with popping vest buttons are Ira "Chick" Gold, Bill Semiloff, Les Kahn and Jack Tatelman. Les is the only one who will be playing with an electric train next Christmas. The other three new arrivals are girls. The cigars were swell, fellows, and we're all glad the \$600 exemptions arrived in time. . . . Meyer Poliak left on his vacation right after Christmas. He drove to Miami and Key West but will be back in time for the Midwinter Meeting. . . . The ladies' night affair held January 22 was a big success. We really appreciate the efforts of Chairman Phil Schoen. Thanks, Phil. . . . Len Chapman is probably one of the fastest moving dentists in these United States. On January 5 the plane on which he was returning from a trip to Mexico set a new speed record of two hours and twelve minutes from Dallas to Chicago with an average speed of 430 miles per hour. Len hasn't been able to slow down yet. . . . Will be looking forward to seeing you at the Midwinter Meeting.—*Earl S. Elman, Assistant Branch Correspondent.*

WEST SIDE

The Midwinter Meeting has rolled around once again. Consequently there will be no February meeting of the West Side Branch. Bill Gubbins, our West Side director, extends to everyone an invitation to visit his room at the Midwinter Meeting. Our next regular meeting will be in March. We are very pleased to announce that Dr. Otto W. Silberhorn, our pre-dinner speaker, has graciously consented to give us two more lectures on crown and bridge work instead of the previously announced one remaining lecture. As proven, these lectures are very worth while and should be attended by everyone. They begin promptly at 6:00 p.m. The meeting of January 11 was again well attended, and after an excellent lecture by Dr. Silberhorn at six, dinner at seven, we were privileged to hear an excellent presentation at 8:00 p.m. by Dr. Robert Placek on his new technique of "Cavity Preparation for Gold Inlays." An undercurrent of politics was immediately evident at this meeting when

President Sam Kleiman announced the names of the members of the Nominating Committee. As in previous years the West Side can be counted on for an interesting political campaign, after which, as per usual, everyone concerned will join hands and go forward together for the good of the West Side. . . . Harold Gillogly, General Arrangements Chairman for the Midwinter Meeting has that worried look. . . . Frank Conklin having recovered from his recent illness will vacation for one month in Florida. . . . E. W. Alpern recently returned from a trip to Arizona. He was hurt slightly in an unfortunate auto accident but has fully recovered and is back at work. . . . We are sorry to hear that Art Tessler's mother is still very ill. . . . S. L. Kagan is well on the road to recovery following a recent operation. . . . Irwin Robinson, sporting a new Chevy, has been appointed instructor in the Oral Surgery Clinic at the University of Illinois. . . . Lou Weinshenker is still spending his weekends at Bridgman, Michigan. . . . Howard Rosen, with a beautiful tan, is just back from a month's stay in Florida. He played golf every day while there. . . . Mike De Rose has been named Chairman in charge of clinics for the homecoming at C.C.D.S. . . . Caesar Newman will take a few days rest at Starved Rock Lodge. . . . On emerging from a huddle with Caesar Newman, Fred Porath announced plans for slowing down a bit. . . . Bob Baxter visited Chicago recently. Many of his friends were sorry they were not able to see him because of the shortness of his stay. . . . The Harold Epsteins and Stan Shermans rested and took the mud baths at Oakton Manor in Wisconsin for one week. They took along a couple of friends to play Gin Rummy and help defray some of the expenses. . . . There has been an epidemic of lost hats at recent meetings. Sam Sherman, Joseph Porto and Caesar Newman were the unfortunate victims. . . . George Barnes is resting with the rest of the Oc-togenarians at St. Petersburg, Florida, for four weeks. . . . Tommy DeVito recently moved into his new home in Elmwood Park. Good Luck, Tommy! . . . Chick

Vission just back from Washington, D. C., where he attended the National A. O. Convention. . . . We wish Jack Ehrlich a speedy recovery from his recent operation. . . . The members of the West Side extend their most sincere sympathy to Oscar Cyrier on the loss of his wife. . . . Harold Epstein, the Forum Chairman, announces that Frank Kropik will speak on Children's Dentistry, at the February meeting of the Forum at 12:00 noon at the Steak House, 3929 West Madison Street.—*Irving Fishman, Assistant Branch Correspondent.*

KENWOOD-HYDE PARK

Those who braved the rain and fog were well repaid for having come to hear Dr. Applemann's partial denture presentation. Thirty-nine hardy souls were at dinner, and about sixty were at the scientific meeting. We thank Dr. Applemann for a most helpful paper and clinic. Our thanks, too, to Dr. Walter L. Valentinas of Northwestern University and Dr. Paul Flores of the University of Illinois for their fine clinics. Our thanks to Program Chairman Fisher and Clinic Chairman Goldthorp for their excellent programs. . . . There will be no February meeting of Kenwood, but we hope that you will put in four full days at the Midwinter Meeting. . . . Bob Kreiner was installed as President of the Woodlawn Business Men's Association and we wish the best for him. . . . Stan Korf and Mrs. Korf became the proud parents of a baby boy born on Christmas day. Mother and son are doing nicely and the young fellow will be named Noel. Congratulations and best wishes to the Korfs. . . . Received a card from Biloxi, from John and Mrs. McBride, where they enjoyed a couple of weeks of well deserved rest and fun. . . . President Chet Blakeley has selected the following men to serve on the Nominating Committee: Harry Hartley, Wilbur Spencer, Bob Pinkerton, Willard Johnson and Elmer Ebert. Incidentally, our President is stepping around these days in a brand new, shining Cadillac. It's really snazzy. We all

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For Sale: Doctor now in service. Evergreen Park, Illinois, ground floor office, cream white unit, cabinet, sterilizer and new x-ray. Large operatory, waiting room, large well equipped laboratory and dark room. Many patients awaiting prosthetic service and completion of work. Low rent. To inspect, call COlumbus 1-3523.

For Sale: Fischer, floor model, dental x-ray, \$350. Dental chair, \$75. Telephone ABel Laboratories, 7 W. Madison, CEntral 6-4103.

WANTED

Wanted: Recent Graduate of Northwestern University Dental School, 1948, desires position with busy ethical dentist on salary or commission basis. Prefer Loop, West Side or West Suburban. Address A-1, The Fortnightly Review of the Chicago Dental Society.

Wanted: Position in private dental office by an experienced technician. Prefer North or Northwestern Chicago. References. Address A-2, The Fortnightly Review of the Chicago Dental Society.

Wanted: Capable young dentist desires full or part-time work. Graduate experience in general anesthesia and oral surgery. Address A-3, The Fortnightly Review of the Chicago Dental Society.

Wanted: Qualified young dentist to work half time in highest caliber West Suburban dental office with two chairs. Please state full qualifications in first letter. Address A-5, The Fortnightly Review of the Chicago Dental Society.

Wanted: Competent young dentist to become associated with me in a well established south side general practice with privilege of partnership or future purchase of same. Address A-7, The Fortnightly Review of the Chicago Dental Society.

Wanted: Reliable conscientious associate to take over my lucrative practice. Will stay till associate has become fully familiar with patients and routine. Address A-8, The Fortnightly Review of the Chicago Dental Society.

Wanted: Young practicing dentist desires association with dentist for two days a week, either on salary or commission basis. Full particulars to be discussed in person. Telephone LOnG Beach 1-8155, Apt. 207.

Wanted: Experienced dental assistant, south side, 5 day week, no Saturdays and no evenings. Address A-9, The Fortnightly Review of the Chicago Dental Society.

FOR RENT

For Rent: Pittsfield Building office with new and complete equipment. Full or part time. Lake view. Telephone VICTory 2-1023 or CEntral 6-6158.

For Rent: 30 North Michigan Avenue dental office. New Ritter equipment and G.E. X-Ray. Instruments and phone service furnished. Complete laboratory. Available two, three or four days a week. Telephone DEarborn 2-2974 or GRaceland 2-7338.

NEWS OF THE BRANCHES

(Continued from page 22)

expect a ride soon. Maybe chauffeur service to the down-town meetings? . . . Ralph Libberton and Walt Scanlan are in Peoria for the State Council Meeting. Ralph retires after three years of service on the Council, and Walt will be installed as his successor. Congratulations, Gramp, for a job well done, and lots of luck to you, Walt. . . . Larry Mullineaux has a new television set and boys at 1525 E. 53rd feel that a new license, a new television set, and maybe a new car (?) is piling it up a bit. . . . The "Chief," Robert Wells, has been under the weather for a few days, but we are happy to report that he is again on the job. Take it easy, Robert. . . . Louie Prendergast returned to his boyhood home in Canada for the Christmas holidays, and really enjoyed himself a lot. . . . Any news, call me at SOuth Chicago 8-1823.—*Elmer Ebert, Branch Correspondent.*

WEST SUBURBAN

At our last meeting, January 4, we were privileged to hear Dr. Harry Sicher, Professor of Anatomy, Histology and Research at the Chicago College of Dental Surgery. He gave us an excellent model demonstration on the anatomy and technique of local anesthesia. To accompany this, our round table program chairman has obtained a colored motion picture, in sound, on mandibular anesthesia. This film will be shown at our next round table meeting, February 14. Those who do not yet have season lunch tickets should phone Dr. Mastrud, Euclid 7328, for reservations. . . . Mr. and Mrs. Bert H. Molohon of Chicago recently announced the engagement of their daughter, Shirley Jean, to Dr. Donald G. Mikolas, son of Dr. and Mrs. Joseph R. Mikolas of Oak Park. . . . Dr. and Mrs. Aiossa recently announced the arrival of a son, Frederick. What a nice Christmas present! Congratulations to the proud parents. . . . Lyle Filek just returned from Florida where he spent a few enjoyable

weeks. Understand that he is now driving a new DeSoto. . . . Wayne Dunnom just drove up in a spanking Buick convertible job. Wouldn't it have been nice if you could have had it in New York, Wayne? . . . Mrs. John Hauff and Mrs. Howard Buchner have been busy as department chairmen of the Oak Park, River Forest, Maywood and Melrose Park Auxiliary of the Chicago Foundlings Home located at 15 S. Wood St. . . . Members of West Suburban branch offer their sincere condolences to the family of Dr. Wilhemina A. Cerney, who died at her home in Oak Park, December 11, apparently of a heart attack. Dr. Cerney, who was a graduate of Loyola University Dental School, shared offices at 5600 Cermak Road with her husband, Dr. James Cerney, for many years. Surviving Dr. Cerney besides her husband, is a son, Dr. Allen Cerney.—*E. G. Walters, Branch Correspondent.*

APPLICANTS

(Continued from page 23)

REDMOND, DAVID P. (N.U.D.S. 1948) West Suburban, 585 Penn Ave., Glen Ellyn. Endorsed by Lawrence T. McCarthy and Richard H. Burke.

WILKIN, DONALD N. (C.C.D.S. 1947) West Suburban, 6353 Cermak Rd., Berwyn. Endorsed by J. T. Anel and W. H. Lancaster.

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AGENTS FOR THE DISABILITY AND HOSPITAL PLANS OF THE CHICAGO DENTAL SOCIETY

LETTERS

(Continued from page 7)

Service Committee and our Board of Directors for consideration.

Our Committee and the Board of Directors are fully aware of the serious shortage of professional personnel in the Medical Department of the Army and is deeply concerned about it. We recognize, just as the American Dental Association does, that there are many factors which contribute to this shortage, and that while not all of them may be subject to correction and control by the Army, many are.

For instance, the American Dental Association at a conference with the representatives of the Army during August, pointed out several unjust and inequitable regulations under which dental officers were compelled to serve in the last war, and expressed the belief that these unfair regulations constituted one of the major blocks to any large scale recruitment program at the present time.

We cannot accept the present effort of the Medical Department to recruit additional officers through the program of Community Relations until the Army Medical Department either voluntarily or through legislation corrects the regulations which produced much inefficient service, waste of manpower and lowering of morale in the Dental Corps during the last war. Neither can we cooperate in this program by naming a representative to the Professional Sub-Committee of the Community Relations program.

The Chicago Dental Society and its Board of Directors enthusiastically endorse the recommendations made to the Army Medical Department by the American Dental Association, and until these recommendations have become effective, regrets that it cannot conscientiously support and endorse any plan of the Army to recruit dental officers.

Very truly yours,
ARNO L. BRETT
Secretary



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